Social Determinants of Health

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NUR 6602C: Advanced Family Health Nursing II

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Social determinants of health are described as “nonmedical factors that influence health outcomes” (WHO, 2021). These factors include socioeconomic status, access to education, food security, access to quality healthcare, and safe living environment. These elements are very influential on the distribution and proper management of chronic conditions. An example of this can be seen in the management of chronic kidney disease in the African American (AA) population. AA make up about 13% of the population but over 30% of patients with kidney failure and are 60% more likely to be diagnosed with diabetes. Two of the social determinants effecting the AA community is access to quality healthcare and socioeconomic status (Brown, 2021).

For example, Mr. Johnson is a 54 year old AA male in the clinic for a follow up. He has high blood pressure (HBP) and takes amlodipine 10mg PO daily. He has missed his last two appointments. He states it is hard for him to make the appointments because he works everyday during the week and the office is not open on the weekends. Also, his job will not pay him for the day that he takes off. He has one car that he shares with his wife and must also take her schedule in consideration when scheduling appointments. His blood pressure (BP) today reads 157/96. He admits that he doesn’t take them everyday and that sometimes he is too busy to pick up the refills right away. When asked about diet he says he follows no particular diet and just eats what is in the house including fried foods, junk food, and frozen or fast food when his wife doesn’t cook. As for exercise he says he doesn’t get much because he drives a truck for a delivery company and is sitting most of the day. On his most recent lab results his GFR has begun to decline.

Mr. Johnson is experiencing health care barriers. Low socioeconomic status affects access to healthcare, and food security (Brown & Elliott, 2021). Healthier food tends to cost more, be in smaller amounts, and may take more time to prepare. Access to healthcare is affected by social disparities. Transportation is not always available. Some jobs may not offer benefits. Insurance co-pays or lack of insurance may also discourage frequent healthcare visits.

In order to aid Mr. Johnson, he can be offered the very first appointment of the day, so he doesn’t have to take the whole day off of work. Also, telemedicine appointments when appropriate. Most importantly Mr. Johnson needs to be educated on the importance of medication compliance, diet, and exercise. Concurrently with education on the consequences and inconvenience of non-compliance, including kidney failure, dialysis, and organ transplant,
should be explained to him in a way that he understands. A list of low cost, low sodium, high nutrition foods that are fast to prepare should be provided to the patient, with emphasis on eating better on a budget. Lastly, Mr. Johnson should be encouraged to get more exercise, at least 30 min 3x weekly, but any exercise is better than none. Including short walks or taking the stairs when he can.

Patient screening should include barriers to compliance so that we can work with the patients to overcome these barriers. Ideally this screening takes place at the first visit so that the treatment plan can be personalized to their needs. Low socioeconomic status and access to healthcare was chosen as the focus of this discussion because they are very common and high impact social determinants of health. Especially socioeconomic status, which seems to influence almost all other determinants.

References


Good afternoon Susan,

Social determinants of health have a great influence over the well-being and health outcomes of individuals or a specific population. The social determinants of health such as economic stability, education, social environment, health access/quality, and neighborhood environment are linked to health inequities (Centers for Disease Control and Prevention [CDC], 2019). African Americans have higher rates of chronic health issues such as hypertension, diabetes and diseases of the circulatory system (Wallace, 2014). Not to mention, Singh (2017) describes that the African American population has two times higher poverty and unemployment rates compared to non-Hispanic whites. These issues are directly correlated with the social determinants that you mentioned, access to quality healthcare and socioeconomic status. Access to quality healthcare can be affected by lack of transportation and low socioeconomic status, as
seen in the case study you provided of Mr. Johnson. Additionally, a large portion of the African American population continue to be uninsured which can delay medical treatment by fear of paying out of pocket (Snowden, 2021). As a consequence, they continue to have fewer visits with their primary care physicians and result seeking emergency care when health further deteriorates. Additionally, the pandemic has also been a barrier to seek medical care which further impact African Americans as they have more underlying conditions and chronic illnesses compared to Whites (Snowden, 2021). Socioeconomic status also influences the health care of African Americans as it impacts food security and healthier foods tend to be more costly. In Mr. Johnson’s situation, fast food meals and lack of following a low sodium diet directly impact his hypertensive disease. Additionally, COVID has impacted the African American community due to job recessions, further enabling the population to remain in poverty (Snowden, 2021). As health care professionals, we can screen for access to healthcare and socioeconomic status at clinics. This information can serve as a baseline to understand and elect resources to help African Americans. We can also reach out to community programs that can help African Americans obtain better access to healthcare, obtain affordable insurance, and improve job retention.

References


Reply to Comment

Collapse Subdiscussion
STUDENT
2:14pm Jan 13 at 2:14pm

Hi Susan,
I enjoyed reading your post and feel I have had many similar patient experiences during clinical rotations, especially among the African American (AA) community. Access to quality healthcare and socioeconomic status are two social determinants of health that greatly affect Mr. Johnson as well as other patients in similar situations. However, another social determinant of health that Mr. Johnson faces is his race/ethnicity. The American Heart Association (2021) found that by age 55, 75% of AA adults have already developed hypertension compared to about 50% of white men and 40% of white women. Untreated hypertension can lead to developing various chronic illnesses, such as heart disease, kidney disease, stroke, and loss of vision (AHA, 2021). Being AA not only puts him at an increased risk of developing hypertension, but also less likely to have it controlled. This is possibly due to a combination between physiological differences and additional socioeconomic factors AA face (Spence & Rayner, 2018). Incorporating first appointments are a good idea, but I think these appointment slots should be individualized. I think insurance could play a huge role in getting this issue under control by, for example, covering the cost of a home blood pressure (BP) monitor and covering costs of appointments for blood pressure checks or telemedicine visits to review BP log. Patients are likely to be more compliant with checking blood pressure at home and come to a blood pressure follow up appointment to titrate their medication if they didn’t have to pay the associated costs. Blood pressure monitors that are able to be mailed to the patient’s home would take away additional time and transportation needs that would be required of the patient. Also, keeping track of blood pressure at home helps improve health literacy by the patient being able to see the blood pressure reading and learn what is good and what is dangerous. Blood pressure monitoring at home and improved health literacy would also allow the provider to prescribe an additional BP medication and instruct the patient to take it as needed based on the blood pressure reading.

References


plays, worships and ages in; these factors affect and shape the conditions in an individual’s daily life (WHO, 2022). The social determinants of health can be grouped in five domains. Economic stability describes how an individual’s health is affected by their income, cost of living and socioeconomic status (Centers for Disease Control and Prevention [CDC], 2021). Education access and quality describes how health is impacted by the level of education an individual receives (CDC, 2021). Social and community context describe how social relationships and the community you live in can impact an individual’s health (CDC, 2021). Health access and quality describes how access to insurance and primary care providers impact health (CDC, 2021). Lastly, neighborhood and built environments describe how violence, crimes, pollution and minorities affect health (CDC, 2021).

Social determinants of health have the potential to negatively or positively impact our well-being. The elderly population is of importance to discuss as their health outcomes are greatly affected by the social determinants of health. The elderly are considered a vulnerable population due to their high susceptibility to acquire chronic diseases which can lead to disability (Clark, 2017). One social determinant of health that has potential to impact the health outcomes of the elderly includes lack of transportation. Lack of transportation among the elderly impacts their health as they are more prone to miss medical appointments, fail to refill medications at pharmacies and impact access to grocery stores (Shrestha et al., 2017). Transportation is a factor among the elderly that needs to be considered because as the individual ages, driving becomes more difficult as their motor skills, vision and reflexes decrease. Not to mention, mobility patterns tend to change during the aging process and disability increases (Shrestha et al., 2017). They have more difficulty performing activities of daily living (ADLs) and the usage of assistive devices increases. This greatly impacts their ability to drive a vehicle to attend appointments, refill medications and shop for groceries. Thus, affecting their quality of life and impacting health outcomes, worsening chronic illness. In addition, the COVID pandemic has also affected means of transportation by limiting access to primary health care services. Telehealth has become more popular. However, the elderly may have difficulty accessing technology for a virtual health appointment and are more prone to miss their session, further prolonging the medical needs (Singu et al., 2020). The healthcare provider can help this issue by offering screenings that assess means of transportation. The screenings can be assessed upon arrival to the appointment or via telephone. With this information in mind, the provider can help arrange for transportation or collaborate with family members to assist the elderly in attending appointments. Collaboration with policy makers, transportation experts, and Medicare can lead to solutions that offer transportation for the elderly and offer lower payments through insurance (Syed, 2013).

In addition to transportation, another social determinant of health that influences the well-being of the elderly is lack of social support. Elders with low social support experience more issues with transportation, housing, poverty and family dysfunction (Clark, 2017). During the aging process, the elderly view their spouse and family as social support systems. However, some individuals are widows, do not have family near them or lack family and social support. The elderly population is impacted by the lack of social support especially if they depend on an individual to remind them of their daily medications, assistance with ADLs, or feeling understood and engaged in their disease process. Social support among the elderly is an area that needs to be addressed as the elderly without a family system are more prone to deteriorating living conditions which can lead to institutionalization due to unmet medical needs (Clark,
Cornwell (2014) states that the elderly that have a strong support system have better health outcomes as they feel sense of belonging, higher self-esteem and engage in healthier behaviors and lifestyle choices. COVID has also negatively affected the social support among the elderly by adhering to social isolation and having less wellness visits being conducted at their homes (Singu et al., 2020). The healthcare provider can help improve social support among the elderly by collaborating with social services, policy makers, or writing letters on the patients behalf to help implement a friendly visitor program to decrease social isolation. Screening for social support during appointments is a good assessment tool that can assess how much support they have in their disease process. Furthermore, the health care provider can collaborate with the clinic’s staff to help implement dedicated facilitators or patient navigators to assist patients in accessing social support services to increase interaction and promote healthy social activities. In conclusion, health care disciplines have the ability to act as agents of change to make a difference in healthcare and help reduce health disparities among the elderly by serving as patient advocates.

References


Reply Reply to Comment
Good Afternoon Alejandra,

I agree that the elderly population is greatly impacted by social determinants of health. Transportation and social support are especially important for this population. These two factors can also go hand in hand. As an individual ages, they rely more and more on others for assistance. If unable to drive, they need someone to help complete necessary errands, such as grocery shopping and taking them to doctor appointments. Elderly are more likely to be living with one or multiple chronic conditions that may affect quality of life. Feelings of loneliness and isolation can worsen chronic conditions and the risk for death of older adults (Pooler & Srinivasan, 2018). Social support is of utmost important to this age group, especially as they face the loss of a spouse or friend. Healthy People 2020 reports that social support is found to be associated with a lower risk of physical disease, mental illness, and death (Healthy People 2020, 2021).

Age is also a social determinant of health that impacts individuals. Healthcare providers need to create understandable and culturally appropriate tools when developing a plan of care for the elderly population. For example, recommendations of exercises to maintain and improve well-being of a 25-year-old might include jogging or cycling, whereas an 88-year-old would be recommended to walk around the block preferably with a friend or family member.

References


The following citation is a correction to the same citation posted above. In the original post, this citation appears on two separate lines by accident.
Social Determinants of Health Discussion Assignment

As an oncology nurse, I have cared for patients whose treatment plan requires an extensive amount of hospital visits for chemotherapy, expensive medications that insurance does not cover, and becoming educated about their diagnosis. For over a year, the unit I work on has converted to a coronavirus disease 2019 (COVID-19) unit. Despite how impacted oncology patients are by social determinants of health, I have seen first-hand how much worse health-inequalities are affecting the patients admitted for COVID-19. Social determinants of health are the conditions in which individuals are born, grow, live, work and age that affect a wide range of health risks and outcomes (CDC, 2021). Those who are elderly or poor are especially disadvantaged when it comes to COVID-19. Two social determinants of health to be discussed include: Poor socioeconomic conditions and access to technology while hospitalized. These two social determinants were selected because I have seen how much each has affected patients with COVID-19, in which I will explain further in the following subheadings. Possible solutions to these social determinants are focused on education and mindfulness of staff, also explained further in the following subheadings.

Poorer Populations and The Inequalities That Accompany It

Poorer populations face not only financial inequalities, but also education inequalities. More specifically, they lack the funds to pay for their visit and lack education/health literacy to prevent illness. Evidence finds the burden of infection and death from COVID-19 to be higher among certain affected social groups, a main one being poorer populations (WHO, 2021). After noticing the high variability in coronavirus cases and mortality between communities, Hawkins et al. conducted a research study that found a strong association between COVID-19 cases and fatalities and lower education levels.

First, they often withhold seeking medical care due to fear of the hospital bill they will receive after. As a result, by the time they seek medical care their condition has worsened significantly and they actually end up needing to be hospitalized longer than they would if they came in sooner. Too many patients who I have cared for have admitted to wishing they came to the hospital sooner but waited until they had no other choice, solely due to fear of the hospital bill that would follow their visit. One of these patients came in so hypoxic he was immediately placed on high-flow nasal cannula and its maximum setting. Another was brought in by the
paramedics following an ischemic stroke, also requiring oxygen supplementation. The fear of a hospital bill could have potentially killed them.

Second, the education inequality is also apparent in their lack of health literacy. Many of my patients report not getting vaccinated because it is injecting themselves with the virus. These patients should not be ignored and instead be educated on how vaccinations actually work and encouraged to tell others to get vaccinated. Also, patients have been hospitalized due to Tylenol overdoses and not immunized due to false understanding of the COVID-19 vaccine. I was also shocked to see how poor health literacy is among patients admitted for COVID-19, especially for the poorer populations. I have cared for three patients who had an admission diagnosis of “acetaminophen overdose.” Each patient stated they were taking Tylenol every two to three hours, each for a different reason but each related to COVID-19 symptoms. The first was taking it for to reduce his low-grade fever before it got high, the second for malaise, and the third for fever prevention to “get ahead of my fever that I had for two days.” I was puzzled by how multiple adult patients did not know that too much Tylenol is dangerous, as I have known since I was a little kid to read the back of the box for how much medication to take. When I questioned the first patient about what he considered a low-grade fever, he informed me that it was sometimes 98.9°F or 99.0°F. I sat down and explained to him the dangers of taking Tylenol too often, hence his hospitalization, and that those temperatures are not a low-grade fever. He was so surprised by what I taught him and thankful for me taking the time to explain to him that it is possible to overdose of Tylenol – which only angered me at the fact this patient was admitted three days ago, and nobody bothered to tell him this prior in a way he could understand.

As a healthcare provider, screening for social determinants and adjusting care for these patients is essential to providing high quality care and improving health literacy among all populations. Taking an extra five minutes to talk to a patient and explain things about their health in a way they understand can make all the difference. Having the patient explain the concept back to you in their own words is a helpful way to ensure understanding.

Access to Technology while Hospitalized

If hospitalized with COVID-19, social isolation and loneliness set in thanks to the visitor restrictions, inability to leave the room, and staff being told to limit time spent in rooms to prevent exposure. This greatly impacted those, mainly elderly, who did not have access to technology or know how to work technology well enough to communicate with loved ones. Some patients were just happy to know that their loved one called the nurse to check on them, whereas others really struggled with the social isolation. People without access to technology are more likely to lack the social support to be optimistic about their illness. It is helpful for healthcare providers to organize daily communications between patients and their relatives to avoid feelings of excessive isolation (Sacco et al., 2020).

A second specific thing caused by this issue is spending more time sleeping than awake doing breathing exercises and proning as recommended to fight off COVID-19. Without loved ones to talk to, they also become bored and end up sleeping instead, which results in fewer breathing exercises done throughout the day. Many patients also dislike the breathing exercises and only do them when their partner or children encourage them to do so.
As healthcare providers, we can better screen for this inequality by determine which patients have access to one of the following: a personal cell phone, a functioning room phone that they know how to work, no form of communication with them. Patients’ loved ones should be encouraged to drop off a cell phone charger or even another form of technology in which the patient could use when they want to communicate with family. My unit luckily has two Ipad devices that we provide to patients so they may facetime with their family. However, staff is often so busy they forget to think of this tool to provide to those without access to technology, or don’t think to make sure the patient knows how to use the room phone to make phone calls. Healthcare providers should make a bigger effort to screen for this inequality and utilize resources available to allow patients to communicate with loved ones.

References


Reply to Comment

STUDENT

2:34pm Jan 13 at 2:34pm

Good afternoon Taylor,

Social determinants of health play a crucial role in the health of the population. As COVID-19 continues to affect the population worldwide. I think it is important to address how the social determinants of health have affected the patients with COVID-19 during their hospital stay. The socioeconomic status of an individual is greatly impacted by their education, occupation, income, health disability and living conditions (Naylor-Wardle et al., 2021). As you mentioned, financial inequality affects the poorer population. I would like to mention how the pandemic has affected individuals of lower socioeconomic status, including those suffering double the mortality rate of the least deprived (Naylor-Wardle et al., 2021). Additionally, Blacks, Asians and other minority ethnic groups of lower socioeconomic status have been greatly
affected by COVID-19 (Naylor-Wardle et al., 2021; Snowden, 2021). Unfortunately, low socioeconomic status enables patients to not follow up with their primary care doctor and further prolong medical needs. When the condition worsens, they end in the emergency room. Education inequality is very important to discuss. In your case presentation, the patient had poor education on medication adherence and side effects. This lack of education further impacted the patient’s health apart from COVID-19. I believe as health care professionals we can improve the way we educate patients and provide labels as a visual aid to help them understand. We also have to make them aware of the side effects of medications. An over the counter medication such as Tylenol has detrimental effects to the liver when taken in large doses. Many individuals fail to understand harm of overmedicating since it’s a readily available over the counter medication. In order to assess understanding, we can have them verbalize what was taught and identify areas of misunderstanding. Access to technology while hospitalized is an area for improvement that many of us as nurses fail to realize how it impacts an individual’s health. COVID-19 has affected the mental health of many patients. The stressors of quarantine restriction, the isolation in the rooms, and the lack of human touch has led to depression, post-traumatic stress disorder (PTSD), suicidal ideation and further stressed the already immunocompromised state of their body (Naylor-Wardle et al., 2021). Hospitals should allot communication sessions daily for the patients who have COVID, so they are able to speak to their loved ones. Although nurses are busy, we can always make the extra effort and make time to help them FaceTime or speak over the phone. As healthcare providers, we should always consider how it feels to be in the other person’s situation and assess how we would like to be treated and help to make a difference to reduce health inequalities.

**References**
